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June 18, 2007

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**JUN 18 2007**

# Fax

**To: USPTO****Fax No: 571-273-8300****Phone No:****Company:****From: C. Michael Gegenheimer****Fax No: 614-424-3864****Phone No: 614-424-4293****Total Pages: 27 (Including Lead Sheet)****Comments:** Amendment Documents**RE:** Application No.: 10/525,259

Filed: 02-22-2005

Title: A Method of and Apparatus for Facilitating Processes of  
Mammalian Cells

Inventors: Wan

Docket No.: 13404

**Faxed Documents:**

Fax Cover Sheet

Transmittal Form

Amendment

Petition for Extension of Time

Fee Transmittal (in duplicate)

Credit Card Payment Form

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on June 18, 2007.

  
Signature

Judy Readman

Typed or printed name of person signing Certificate

PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0851-0031

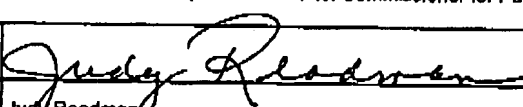
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<b>TRANSMITTAL FORM</b>	Application Number	10/525,259	<b>RECEIVED CENTRAL FAX CENTER JUN 18 2007</b>
	Filing Date	02-22-2005	
	First Named Inventor	Wan	
	Art Unit	1651	
	Examiner Name	Fernandez, Susan Emily	
(to be used for all correspondence after initial filing)		Attorney Docket Number	13404
Total Number of Pages in This Submission		27	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax cover sheet; Transmittal form; Credit card payment form
Remarks _____ Fee Transmittal (in duplicate)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Battelle Memorial Institute		
Signature			
Printed name	C. Michael Gegenheimer		
Date	06-18-2007	Reg. No.	33,387

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Judy Readman	Date	06-18-2007

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PTO/SB/17 (06-07)  
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

# **FEE TRANSMITTAL**

## **For FY 2007**

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 510.00

### **Complete if Known**

Application Number 10/525,259  
Filing Date 02-22-2005  
First Named Inventor Wan  
Examiner Name Fernandez, Susan Emily  
Art Unit 1651  
Attorney Docket No. 13404

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☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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### **FEE CALCULATION**

#### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### **2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

#### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 3 month extension fee

**Fees Paid (\$)**

**\$510.00**

### **SUBMITTED BY**

Signature 	Registration No. 33,387 (Attorney/Agent)	Telephone 614-424-4293
Name (Print/Type) C. Michael Gegenheimer		Date 06-18-2007

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DUPLICATE**

PTO/SB/17 (08-07)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/03/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2007**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 510.00

**Complete If Known**

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First Named Inventor	Wan
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

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Total Claims Extra Claims Fee (\$)

- 20 or HP = x = Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x = Fee Paid (\$)

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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 3 month extension fee

Fees Paid (\$)

\$510.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 33,387	Telephone 614-424-4293
Name (Print/Type)	C. Michael Gegenheimer		Date 06-18-2007

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